

## NURSING IN MISSION STATIONS



### FURTHER NEWS FROM KASHMIR, INDIA

BY M. NORA NEVE, C.M.S.

IN the Srinagar Mission Hospital out-patients are seen after "the second watch" (noon). Some little time before that the Kashmiri equivalent of a four-wheeler may be seen to turn in at the hospital gate. If the patient be a man it may be a case of intestinal obstruction or of bear-maul; if a woman, she may be one of those puerperal wrecks the native midwives are responsible for, or a poor old lady with heart disease who has come several times before to be tapped for ascites. But the conveyance needs a word of explanation: it is just such an Eastern bed, borne of four, as was used to bring a paralytic to the first medical missionary. The four are sons, nephews, or only neighbors, with loins girt and sandalled feet; their journey of anything from one mile to thirty (or more) over, they loosen footgear and girdles and throw themselves down for a nap. A female relative who has been sore put to it to keep up with the bearers' trot sits at the patient's head to keep off flies with a willow branch. All day here little bits of A.D. 30, familiar from New Testament pictures, are being brought into closest contact with the twentieth century, as when that bed is again lifted and carried into the consulting room to be put down before the out-patient doctor for the day. Both native languages in use here possess causative verbs. Karun—to do; Karan'awun—to make someone else do. Insert two more syllables and you have a verb which means to "get a second person to set a third to work."

Like W. Squeers' pupils we learn the verbs and "go and do" them. In our women's out-patient dressing-room while two native nurses unbandage, syringe, apply dressings, as directed, one has one's self to go swiftly from one thing to another of the many things, small and great, they cannot do. This includes dressing aseptic tumors, operation cases, opening small abscesses, scraping ulcers (specific) and some minor gynaecological work and at the same time overseeing the preparation of two or three women for almost immediate operation. This preparation often begins with the removal of several pigtailed of false hair, an odd dozen of earrings, and years and years of dirt. Our operation dress for patients

is an adaptation of the native garment but with shoulder seams replaced by placket holes fastened by tapes. The reluctance of some to get into this is on account of its cleanness, but the clumsiness of a Hindoo woman over drawers is due to the fact that she has never worn such a garment before.

Any women who like may, and some do, come straight through to the nurse having only given their names and got a ticket in the consulting room. Two such—young married women,—sisters from another part of India, came in together a few days ago. Signs and a word or two led up to an examination, made the quicker that they could not give the unhistorical histories and unexplanatory explanations which must preface and obscure a diagnosis in the voluble Kashmiri. Both were equally undeveloped sexually, uterus and appendages not palpable, vagina a mere pocket. Sterility is what many come about; prolapse is common and many of the other complaints of women of more civilized lands. There is a kind reception in the State Hospital for Women at the other side of the city for those who need the attention of a qualified lady doctor.

From 12.30 till 4 or 5 o'clock we attend to out-patients with a break in the middle for lunch. Before and after a Mohammedan Saint's Day, when thousands flock into the city, we have "field days" and break former records: the average out-patient attendance is something under two hundred. The women come in family parties always with babies. Rarely a woman comes alone; then she says of herself with sobs: "I've no one but God—God behind—God before," but doubtless she derives some comfort from being able to make such a statement, involving as it does the repetition of the sacred Name, in itself an act of merit. One can often guess, while the open door still frames the figure, what the trouble is. The old lady with the alpenstock who has ripped up the seam of her dress has done it to show the doctor an epithelioma without baring her leg—hers is rare modesty. The deformed nose and hoarse "salaam" of the next tells of hidden sores (syphilis is rampant here); a girl of about ten with her father will have come for a plastic operation on a webbed arm—"It happened—oh, years, ago—her shoulder, side and hip were burnt and this is the end. It didn't matter, only now she is to be betrothed and must be smartened up." A stolid, matronly figure pushes aside one or two other patients and shouts in my face: "I hear heavy." I say, "Well, I don't," and there's a roar of laughter in which the deaf one cheerfully joins. All the time one is constantly interrupted by requests and demands, lawful and unlawful. Directions are taken in English, translated into Hindustani for the native nurses, and into Kash-

mīri for the patients. Latin nouns take wonderful Kashmiri Genitive and Dative endings and such words as cataract, piles and black appear disguised as "catgut," "piluss" and "bullock." Black wash == bullock wash! At last even the ear syringing and douching comes to an end and there is only an anxious relative who follows you down the garden path to ask about a patient's diet. However little it matters, the one expression to avoid is "It doesn't signify." If you say that, every possible and impossible article of food and condiment will be suggested for your approval or disapproval. Say impressively, "salt? yes; red pepper? no; tea? one cup," and the questioner returns contentedly to the bosom of his family repeating his lesson as he goes.

#### ITEMS

A PERSONAL letter from Miss Bewer, of Aintab, Turkey, gives more detailed news of her own work. Our readers will remember her description of the Medical Missionary Association of Turkey in the November JOURNAL.

"Our work is a large one, the past has shown splendid results, but my share in it is really very small, and besides that it is contrary to our training to be recognized when young in the work, is it not?

"Our native helpers so far have been and are poor, ignorant women, old, and 'sot' in their ways and entirely undisciplined. Only a few of them know how to read or write, and that only with difficulty. They have to be told what to do over and over again, and often the utterly ridiculous way of carrying out some order frequently relieves the strain on one's patience. I usually try to think of all the many ways that might occur to them, and thus try to avoid mistakes, but they nearly always find another way, one that would never occur to us at all.

"This year I have a girl who was at our Aintab Girls' Seminary for several years, and next year I hope to be able to get some more, and perhaps begin our little training school. I shall have some classes this year probably and provide a teacher for English lessons for the more hopeful ones. We have two or three such, and as we are a missionary hospital I want to provide Bible classes and personal workers' classes for the women, so that they may be better fitted to touch and influence the many and different kinds of patients who come to us for physical healing, with a sense of need of their spiritual healing.

"As our funds are very limited, we cannot afford to get things from America or England, excepting the things not found in this country. All our supplies have to be prepared from the raw material. You would be much interested to see the lines and lines of red peppers hung up to

dry in our hot sun. One might almost think that it were done in honor of our new-found liberty, they are so decorative. We have to prepare everything ourselves, from salt to our native mattresses, which are made from wool as it comes from the sheep's backs, after which it is taken to the stream, washed and sunned and beaten and then made up. These have to be done over every year, and oftener when we have unclean cases.

"I have been slow to make changes, feeling that I wished to give the *modus operandi* a fair trial; and then, too, the work that has been done has shown fine results and cost great effort, perseverance, patience and self-denial that I cannot but stand back humbly and admire what has been done in the past under such great obstacles."

IDA M. ALBAUGH, a graduate of Wesley Hospital, Chicago, left for Kiang-Yin, China, the last of October to become a missionary nurse in the Emma Clarkson Hospital, at whose head is Dr. George Worth, of the Southern Presbyterian Church. The hospital has a new male ward and it is hoped, in two years more, to have a female ward also, both being built with funds supplied by the Woman's Missionary Union of the Wilmington Presbytery, North Carolina.

*Woman's Work* for November brings news from Severance Hospital, Seoul, Korea. "Closely following upon the graduation of the medical students came the capping exercises of seven Korean nurses at Severance Hospital, under direction of Miss Shields. It was a ceremony of induction into the duties of their profession. Dr. Avison addressed the nurses, and after the capping ceremony Miss Shields gave them a charge. Another address was given by Mrs. Sin, a Korean teacher in the Girls' School."

DR. BOONE, of St. Luke's Hospital, Shanghai, writes in *Spirit of Missions*: "I have been urging the public, both in Chinese and English newspapers, to start an insane asylum here. These unfortunates are kept in cages, or with a ring around the neck chained to a tree in some courtyard. Treated as wild beasts they do not recover, often die of hardships. The Chinese are responding to my appeal. I may get a temple and grounds set apart for the proper treatment of the insane. It should pay all its running expenses and be a great blessing to many who could be cured."

*Spirit of Missions* also reports the appointment of Miss Zaida A. Freese, of Topeka, Kansas, as missionary nurse for the Philippines.

THE *British Journal of Nursing* says: "A practical suggestion made by Sir Patrick Manson is that some elementary hygiene should be taught in all mission schools, in the hope that gradually the native mind may be impressed with the necessity of healthier modes of living, and so natives may escape these (tropical) diseases."

IN a description of a meeting of the Nurses' Missionary League, the *British Journal of Nursing* gives part of a talk of Dr. Dodson, a woman physician working in India.

"Dr. Dodson described her difficulties in training native women to help her in the hospital, whose idea was that surgical work was very dirty, and so they considered that they should wash their hands after and not before an operation. Again, with the best intentions, one took the instruments Dr. Dodson had carefully prepared for an operation, and was found cleaning them with earth to make them bright. Later, more successfully, the doctor took younger girls, but longed for a trained nurse to teach them, as with the responsibility of treating inpatients and out-patients, and performing serious operations, the work was almost overpowering."



TRAINING OF THE INFANT.—The *Journal of the American Medical Association*, quoting from *Fortschritte der Medizin*, Leipsic, says: Eschle declares that the instinctive consciousness that certain actions have certain consequences develops extraordinarily early in the infant. He is convinced that the foundations for moral and physical health should be begun to be laid when the infant is three months old. During the first three months it should be accustomed to order and punctuality. In the fourth month, if the infant learns that it does not gain anything but merely darkness by undue crying, its tendency to become a tyrant in the house is nipped in the bud. The crying of a healthy child may be a means of useful exercise, and need not be necessarily suppressed, but if the crying becomes a bad habit it may have evil consequences not only for the physical development but also on the future character. The infant has no fear of darkness, but when it finds that motiveless and too long-continued crying merely causes the room to be darkened, it soon wearies of crying and the little being struggling for existence (and for the mastery of the house) learns to control its desire to cry and to tyrannize.